

# Schreiner Memorial Library Expansion

## Application for Electronic Donation Plan

**AUTHORIZATION— Please fill out**

Date \_\_\_\_\_

I authorize you and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my:

☐

Checking Account

☐

Savings Account

and remit payment for my donation to the Lancaster Public Library.

Please **print** all of the following information.

This authority will remain in effect until all payments have completed or I have cancelled it in writing.

Total Donation amount \_\_\_\_\_

5 yearly payments of \_\_\_\_\_

or

20 quarterly payments of \_\_\_\_\_

Or

60 monthly payments of \_\_\_\_\_

Payments will begin the 1st of the month following the date of this form.

### **BANK ACCOUNT INFORMATION**

NAME (as it appear on your bank acct) \_\_\_\_\_

ADDRESS \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

ADDRESS OF FINANCIAL INSTITUTION \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

(Located at bottom left corner of check-9 digits)

ACCOUNT NUMBER AT FINANCIAL INSTITUTION\*\* \_\_\_\_\_

(Located at bottom center of check)

NAME OF BANK ACCOUNT HOLDER \_\_\_\_\_

(if different from above)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Return to: Schreiner Memorial Library 113. W. Elm Street, Lancaster, WI 53813

PLEASE ATTACH HERE OR ON THE BACK:

A VOIDED CHECK FOR CHECKING ACCOUNT VERIFICATION

OR

A LETTER FROM YOUR FINANCIAL INSTITUTION FOR SAVINGS ACCOUNT VERIFICATION

*Thank you for your support of the library and the Lancaster community.*